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Approved for U.S. Patent Office by 10/31/2002, OMB 0651-0032  
Patent and Trademark office: U.S. DEPARTMENT OF COMMERCE

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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional application under 37 C.F.R. § 1.53(b))

Attorney Docket No.

E-1507 CON

First Inventor or Application Identifier

Weller, et al.

Title

Stimulus Sensitive Gel with Radioisotope and Methods of Making

Express Mail Label No.

EJ200815363US

**APPLICATION ELEMENTS :**

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

1. ☒ \*Fee Transmittal Form (e.g. PTO/SB/17)  
(Submit an original and a duplicate for fee processing)

2. ☒ Applicant claims small entity status.

3. ☒ Specification [Total Pages 41 ]

(preferred arrangement set forth below)

- Descriptive title of the Invention
- Cross Reference to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 3 ]

5. Oath or Declaration [Total Pages 4 ]

a. ☐ Newly executed (original or copy)

b. ☒ Copy from a prior application (37 C.F.R. § 1.63(d))

i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting  
inventor(s) named in prior application,  
see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Program (Appendix)  
8. Nucleotide and/or Amino Acid Sequence Submission

(if applicable, all necessary)

a. ☐ Computer Readable Form (CRF)

b. Specification Sequence Listing on:

- i. ☐ CD-ROM of CD-R (2 copies); or
- ii. ☐ paper

c. ☐ Statements verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

9. ☒ Assignment Papers (cover sheet & document(s)) (copy)

10. ☐ 37 C.F.R. § 3.73(b) Statement  
(when there is an assignee) ☐ Power of Attorney

11. ☐ English Translation Document (if applicable)

12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations

13. ☐ Preliminary Amendment

14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)

15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)

16. ☐ Request and Certification under 35 U.S.C. 122(b)(2)(B)(i).  
Applicant must attach form PTO/SB/35 or its equivalent.

17. ☐ Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☒ Continuation

☐ Divisional

☐ Continuation-in-part (CIP)

of prior application No: 09/058,712

Prior application information: Examiner: D. Jones

Group/Art Unit: 1616

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

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Stephen R. May

Registration No. (Attorney/Agent)

29,255

Signature

*Stephen R. May*

Date

May 8, 2001

SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, and DC 20231.

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<b>FEE TRANSMITTAL</b> <b>For FY 2001</b> Patent fees are subject to annual revision.		<b>Complete If Known</b>	
		Application Number	not yet assigned
		Filing Date	herewith
		First Named Inventor	Weller et al.
		Examiner Name	not yet assigned
		Group/Art Unit	not yet assigned
		Attorney Docket No.	E-1507 CON
<b>TOTAL AMOUNT OF PAYMENT</b>		<b>(\$)</b> <b>418.00</b>	

<b>METHOD OF PAYMENT (check one)</b> 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: <b>02-1275</b> Deposit Account Name: <b>Battelle Memorial Institute - PND</b> <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17 <input checked="" type="checkbox"/> Applicant claims small entity status 2. Payment Enclosed: <input type="checkbox"/> check <input type="checkbox"/> Money Order <input type="checkbox"/> Other <b>FEE CALCULATION</b> <b>1. 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EXTRA CLAIM FEES</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>Total Claims</td> <td>27</td> <td>- 20 ** =</td> <td>7</td> <td>X</td> <td>9</td> <td>=</td> <td>63</td> </tr> <tr> <td>Independent Claims</td> <td>1</td> <td>- 3** =</td> <td>0</td> <td>X</td> <td>0</td> <td>=</td> <td>0</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>**or number previously paid, if greater; For Reissues, see below</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee</th> <th>Entity Fee</th> <th>Small Fee</th> <th>Entity Fee</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>102</td> <td>80</td> <td>202</td> <td>40</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>104</td> <td>270</td> <td>204</td> <td>135</td> <td>Multiple dependent claim, if not paid</td> </tr> <tr> <td>109</td> <td>80</td> <td>209</td> <td>40</td> <td>**Reissue independent claims over original patent</td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>**Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td> </tr> <tr> <td colspan="5"></td> <td><b>(\$)</b> <b>63.00</b></td> </tr> </tbody> </table>	Large Fee	Entity Fee	Small Fee	Entity Fee	Fee Description	Fee Paid	101	710	201	355	Utility filing fee	355	106	320	206	160	Designing filing fee		107	490	207	245	Plant filing fee		108	710	208	355	Reissue filing fee		114	150	214	75	Provisional filing fee		<b>SUBTOTAL (1)</b>					<b>(\$)</b> <b>355</b>	Total Claims	27	- 20 ** =	7	X	9	=	63	Independent Claims	1	- 3** =	0	X	0	=	0	Multiple Dependent								Large Fee	Entity Fee	Small Fee	Entity Fee	Fee Description	103	18	203	9	Claims in excess of 20	102	80	202	40	Independent claims in excess of 3	104	270	204	135	Multiple dependent claim, if not paid	109	80	209	40	**Reissue independent claims over original patent	110	18	210	9	**Reissue claims in excess of 20 and over original patent	<b>SUBTOTAL (2)</b>										<b>(\$)</b> <b>63.00</b>	<b>3. 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<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	Stephen R. May	Registration No.	29,255
	(Attorney/Agent)	Telephone	(509) 375-2387
Signature	<i>Stephen R. May</i>	Date	May 8, 2001

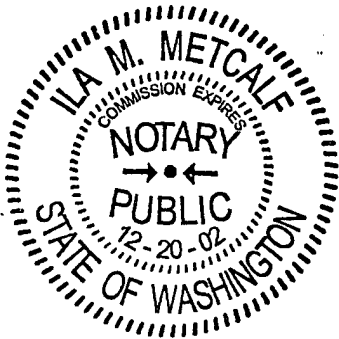
SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



NOTARIAL CERTIFICATE

I, Ila M. Metcalf, a Notary Public for the State of Washington, to hereby certify that the attached is a true and exact copy of the Assignment to Battelle Memorial Institute, executed April 7, 1998.

IN WITNESS WHEREOF, I have signed my name and affixed my official seal this 9<sup>th</sup> day of May, 2001.



Ila M. Metcalf  
Ila M. Metcalf, Notary Public  
State of Washington  
Commission Expires December 20, 2002